

Auto-Reply Facsimile Transmission



TO:

Fax Sender at 760 747 3951

Fax Information

Date Received:

Total Pages:

10/25/2004 11:56:45 AM [Eastern Daylight Time]
4 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page
=====>

Oct 25 04 09:54a Jerry R. Potts 760-747-3951 p. 1	
TRANSMITTAL FORM <small>Do not send for all communications other than this</small>	
ENCLOSURES (Check all that apply)	RECEIVED U.S. Patent and Trademark Office, U.S. Department of Commerce 1500 Pennsylvania Avenue, N.W., Washington, D.C. 20540-4400
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Acknowledgment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Amendment/Supplement(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Correcs Amendment Request <input type="checkbox"/> Information Disclose and Statement <input type="checkbox"/> Certified Copy of Patent Document(s) <input type="checkbox"/> Response to Missing Parts* <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.31 or 1.33	<input type="checkbox"/> Drawings <input type="checkbox"/> Model (to be used in Patent) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Authorization <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CO Number of CO(s) <input type="checkbox"/> Other (Specify): <input type="checkbox"/> After Absence Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication in Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Petition, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Facsimile(s) (please identify below):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Name or Institution name: LAW OFFICE OF JERRY R. POTTS Signature: <i>[Signature]</i> Date: OCTOBER 25, 2004	
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Correspondence for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Typed or printed name: JERRY R. POTTS Signature: <i>[Signature]</i> Date: OCTOBER 25, 2004	
<small>THIS DOCUMENT IS UNCLASSIFIED BY 37 CFR 1.5. If you wish to request a review of this document, please contact the USPTO at 1-800-451-5217. The review will be conducted within 2 hours of receipt, including copying, scanning, and editing. If a completed application form is received, it will be processed within the standard processing time. The review will be conducted by the Chief Administrative Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FAXES OR COMMENTS TO THIS ADDRESS. SEND YOUR COMMENTS TO: PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450.</small>	